MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04215

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland; LENGTH OF STAY (in this place) 9 Mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland; STREET ADDRESS (If rural, give location) 6 Mi. N. Oakland, Md.

3. NAME OF DECEASED (Type or Print): (First) Hester (Middle) Lipscomb (Last) Beckman

4. DATE OF DEATH: (Month) (Day) (Year) April 21, 1952 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/28/1867

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Lipscomb

14. MOTHER'S MAIDEN NAME: Jane Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ------

17. INFORMANT AND ADDRESS: Osborne Beckman Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Myocarditis — Interval between onset and death: years

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ------ (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility & Cystitis — years

19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ?, 1951, to 18 Apr, 1952, that I last saw the deceased alive on 18 Apr, 1952 and that death occurred at 4:00 A. m., from the causes and on the date stated above.

SIGNATURE Thomas J Bushy M D (Degree or title) ADDRESS Oakland, Md DATE SIGNED 22 Apr 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 4/23/1952 | NAME OF CEMETERY OR CREMATORY Henry Beckman Cemetery | LOCATION (City, town, or county) (State) 5 Mi. S W Oakland, Md.

DATE REC'D BY LOCAL REG. 4/23/52 | REGISTRAR'S SIGNATURE Julia A. Kenyon Local | 24. FUNERAL DIRECTOR Herbert L. Leighton | ADDRESS Oakland, Md.

RECEIVED
MAY 6 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04216

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BITTINGER
STREET ADDRESS (If rural, give location): BOX 16

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) BEITZEL
4. DATE OF DEATH: (Month) APRIL (Day) 2, (Year) 19 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 1/7/1883
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ACCIDENT, MARYLAND (NEAR)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: BEITZEL, CHRISTIAN
14. MOTHER'S MAIDEN NAME: BOWMAN, SUSAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral Pneumonitis — 18 Mar 52 ?

422.2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Obesity

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to 2 April, 1952, that I last saw the deceased alive on 1 April, 1952, and that death occurred at 7:02 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas D. Lusby M. D. Oakland, Md. 2 April 52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 4/4/52
NAME OF CEMETERY OR CREMATORY: BITTINGER MD
LOCATION (City, town, or county) (State): BITTINGER, GARRETT Co. MD

DATE REC'D BY LOCAL REG. 4/4/52
REGISTRAR'S SIGNATURE: Julia A. Rowan
24. FUNERAL DIRECTOR ADDRESS: Wm Winterberg Grantsville Md

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APR 16 1952
BUREAU, U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04214

CERTIFICATE OF DEATH

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Accident

LENGTH OF STAY (in this place): Several Hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Bittinger

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Annette Maude Brewer	April 4 1952	Female	White	Married	10-3-1893	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Wife	--	Natrona Pa	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Scholl	May Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	NOne	Milo Brewer Bittinger Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Coronary Occlusion — DUE TO — Interval Between Onset and Death: 10 mins

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Apr. 1, 195-, to Apr. 4, 195-, that I never saw the deceased medical examiner notified alive on ....., 19....., and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Milton Tepper	M.D.	Frenderville, Md	April 7, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-7-1952	Bittinger	Bittinger Garett Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-7-52	Ethel Broadwater	Wm Winebrenner	Grantsville Md

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APR 9 1952
BUREAU V. S.

04217

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland | LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dixon St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location) Dixon St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thurl	Encil	Bullard	April 25, 1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	8/1/1873	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Dentist	Dentistry	Ohio	U.S.A.

13. FATHER'S NAME: George R. Bullard
14. MOTHER'S MAIDEN NAME: Lorilla Hornbrook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	-----	Mrs. Dorothy Bullard Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Heart Disease	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1950, to 25 Apr, 19 52, that I last saw the deceased alive on 25 Apr, 19 52, and that death occurred at 11:00A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
C E Thomas	MD	Oakland	Md	26 Apr 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/27/1952	Oakland Cemetery	Oakland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/27/52	Julia A Rowan	Herbert C. Leighton	Oakland, Md.

RECEIVED
MAY 6 1952
BUREAU V. S.

04218

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Linda (Middle) Bergen (Last) Carr.
4. DATE OF DEATH (Month) April (Day) 7 (Year) 1952
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Jan. 18, 1855
9. AGE last birthday 97 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Brooklyn. N.Y.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Cornelius John Bergen
14. MOTHER'S MAIDEN NAME Ann Stillwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Miss Florence Browning. Oakland. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1940, to April 7, 1952, that I last saw the deceased alive on April 6, 1952, and that death occurred at 12.21 a.m., from the causes and on the date stated above.

SIGNATURE L. J. Baum Gartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 4/7/52

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF April, 10, 1952.
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Fairmont. W. Va.
DATE REC'D BY LOCAL REG. April 10. 1952
REGISTRAR'S SIGNATURE Julia A. Nowan Local
24. FUNERAL DIRECTOR Emroy D Boldin ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1952
BUREAU V. S.

1219

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Loch Lynn MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Lynn Md.
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loch Lynn, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lloyd (Middle) William (Last) Cook.

4. DATE OF DEATH (Month) (Day) (Year) 4/15/1952 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 6/25/1907

9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Game Warden

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Lanesville, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Cook,

14. MOTHER'S MAIDEN NAME Anna Leonard.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Mildred Cook, Loch Lynn, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4, 1950, to Apr 15, 1952, that I last saw the deceased alive on Apr 15, 1952, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. J. Baumgartner MD Oakland Md 4/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/17/1952

NAME OF CEMETERY OR CREMATORY Davis Cemetery

LOCATION (City, town, or county) (State) Davis, W. Va.

DATE REC'D BY LOCAL REG. 4/17/53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 30 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place): 48 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: WEST VIRGINIA — COUNTY: PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CORINTH
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BEULAH	JUANITA	FELTON	APRIL	3	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
FEMALE	WHITE	MARRIED	4/1/1918	34 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HWFE.		MARYLAND	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MURRAY PAUGH	CARRIE HASKELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
NO		MR. HOMER FELTON, CORINTH, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia due to	6 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Carcinomatosis due to	3 mos.
	(c) Dysgerminoma, left ovary	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Mar 7, 1952	Dysgerminoma Lft ovary with metastases to omentum & abdomen	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar 27, 1952, to Apr 3, 1952, that I last saw the deceased alive on Apr. 3, 1952, and that death occurred at 1115A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas E. Smith MD — ADDRESS: Terra Alta W Va — DATE SIGNED: Apr. 5/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-6-52	Oakland	Oakland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/6/52	Julia A. Bowman, Local	A. F. Chevis	Terra Alta W. Va.

RECEIVED
APR 16 1952
BUREAU V. S.

21

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: Garrett — Deer Park — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deer Park, Md Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) Gelston (Last) Hamill
4. DATE OF DEATH: (Month) (Day) (Year) 19 /24/1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/9/1863
9. AGE last birthday: 85 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of a Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Near Swanton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry O. Hamill
14. MOTHER'S MAIDEN NAME: Mary Ann Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Hugh Hamill, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis — 2 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral hemorrhage with left sided paralysis — 5 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1952, to April 24, 1952, that I last saw the deceased alive on April 23, 1952, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE: Ralph Calandrella (Degree or title) M.D. — ADDRESS: Ritzmiller, Md — DATE SIGNED: April 26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/27/52
NAME OF CEMETERY OR CREMATORY: Thayerville Cemetery
LOCATION (City, town, or county) (State): Thayerville, Md.
DATE REC'D BY LOCAL REG.: 4/27/52
REGISTRAR'S SIGNATURE: Julia A. Rowan
24. FUNERAL DIRECTOR: Emroy D. Bolden — ADDRESS: Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
AUGUST	W.	KILLIS	APRIL 5, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	[illegible]	3/12/1881	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED		MARYLAND	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
[illegible]	LISH, Wilhemina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. August Killis, Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia - Terminal	7 Hrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis —	2 mos
	(c) Arteria sclerosis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from January, 1952, to 5 Apr., 1952, that I last saw the deceased alive on 5 Apr., 1952, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
A.E. Vance	MD	Oakland	Md	7 Apr 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/8/1952	Oakland Cemetery	Oakland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/8/1952	Julia L. Dawson Local	Herbert C. Leighton	Oakland, Md.

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BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Accident — LENGTH OF STAY (in this place) Several Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident RD #1, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) FREDRICK	(Middle) HENRY	(Last) RICHTER	4. DATE OF DEATH	(Month) April (Day) 13 (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3/11/1876	9. AGE last birthday 76 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired sawmiller	10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (State or foreign country) Accident, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Richter	14. MOTHER'S MAIDEN NAME Katherain Snyder				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. 21[illegible]-10-3615	17. INFORMANT AND ADDRESS Walter Richter, Accident, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	2 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1947, to 4-18, 1952, that I last saw the deceased alive on 4-10, 1952, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alexander	Solosko	M.D.	Apr 14 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4/17/52	NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem	LOCATION (City, town, or county) (State) Accident, Garrett Co., Md.
DATE REC'D BY LOCAL REG. April 15 52	REGISTRAR'S SIGNATURE Ethel Broadwater	24. FUNERAL DIRECTOR Wm Winterberg	ADDRESS Grantsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 16 1952
BUREAU V. S.

225

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (In this place) 2w kg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural, give location) Hazel Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) - (Last) Roland
4. DATE OF DEATH (Month) April (Day) 6, (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 19, 1877
9. AGE last birthday 74 yrs. If under 1 year Months 9 Days 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Coal Mines
11. BIRTHPLACE (State or foreign country) Kona, Lithuania
12. CITIZEN OF WHAT COUNTRY Lithuania
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Alien Reg. 1115809 Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 236-12-0952
17. INFORMANT AND ADDRESS Personal papers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH ?

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia — 2 months

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Mar, 1952, to 4 Mar, 1952, that I last saw the deceased alive on 4 Mar, 1952, and that death occurred at 8P. m., from the causes and on the date stated above.

SIGNATURE Thomas L Lusby (Degree or title) M.D. ADDRESS Oakland, Md DATE SIGNED 7 Apr 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/9/52
NAME OF CEMETERY OR CREMATORY Kalbaugh Cemetery
LOCATION (City, town, or county) (State) Elk Garden, W.Va.

DATE REC'D BY LOCAL REG. 4/9/52
REGISTRAR'S SIGNATURE Julia A. Rowan Lowe
24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

VS. A10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 28 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton - rural
LENGTH OF STAY (in this place) 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 mi west of Barton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - Barton
STREET ADDRESS (If rural, give location) 3 mi west of Barton

3. NAME OF DECEASED (Type or Print) (First) FANNY (Middle) (Last) RUSSELL

4. DATE OF DEATH (Month) April (Day) 4 (Year) 1952

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 5 May 1876

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) New Germany, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jefferson Broadwater

14. MOTHER'S MAIDEN NAME Jean Custer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Robert Russell, Lonaconing, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ch. Cardio Vascular [illegible]

44 ax

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1952, to 4/4, 1952, that I last saw the deceased alive on 4/4, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS Westernport Md. DATE SIGNED 4/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Apr 7 1952

NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery

LOCATION (City, town, or county) (State) Moscow, Md.

DATE REC'D BY LOCAL REG. April 7, 1952

REGISTRAR'S SIGNATURE Mrs. James A. Kelly

24. FUNERAL DIRECTOR E. S. Boal, Westernport, Maryland ADDRESS

Mrs. Julius Michael Enc

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APR 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place): 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: [illegible] COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
STREET ADDRESS (If rural, give location): [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) Carolyn [illegible] (Last) Norene [illegible]
4. DATE OF DEATH: (Month) [illegible] (Day) 20 (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: APRIL 17, 1952
9. AGE last birthday: ✓ yrs. If under 1 year: Months / Days 3 If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OAKLAND MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PREMATURITY (7 1/2 mos Gestation) wt 2 1/4 LBS.

7513 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CONGENITAL ABSENCE OF SKIN OF NECK, FACE, LEGS AND ARMS

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1952, to 4-20, 1952, that I last saw the deceased alive on 4-20, 1952, and that death occurred at 1:18 P m., from the causes and on the date stated above.

SIGNATURE: James H. [illegible] (Degree or title) Jr. M.D. ADDRESS: 58 2nd St. Oakland, Md. DATE SIGNED: 4-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/20/1952
NAME OF CEMETERY OR CREMATORY: Friend Cemetery,
LOCATION (City, town, or county) (State): Near Oakland, Md.

DATE REC'D BY LOCAL REG.: 4/20/52
REGISTRAR'S SIGNATURE: Julia A. Rowan
24. FUNERAL DIRECTOR: Emroy D. Bolden ADDRESS: Oakland, Md

2 4-3-3 491 Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
APR 28 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 163

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - BARTON
LENGTH OF STAY (in this place) 39 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Mi W of BARTON

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - BARTON
STREET ADDRESS (If rural, give location) 7 Mi W of BARTON

3. NAME OF DECEASED (Type or Print) (First) SUSAN (Middle) CATHERINE (Last) SMITH
4. DATE OF DEATH (Month) April (Day) 10 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH March 8, 1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Garrett County Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward Broadwater
14. MOTHER'S MAIDEN NAME Sarah Whetzel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Russell Smith, BARTON, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Debility resulting from Cerebral Vascular Accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE G. F. Baumgartner (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 4/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 13, 1952
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) Englesmith, Penna (State)
DATE REC'D BY LOCAL REG. apr. 12-52
REGISTRAR'S SIGNATURE Dorsey Patterson
24. FUNERAL DIRECTOR E. S. Boal, Westernport, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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APR 14
BUREAU V. S.

Item 3 Film 124 5/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 4 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible], Md rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ROBERTA (Middle) GALE (Last) SPEAR

4. DATE OF DEATH (Month) APRIL (Day) 17 (Year) 1952

5. SEX [illegible]
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH NOV. 16, 1948
9. AGE last birthday 3 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME SPEAR, [illegible]
14. MOTHER'S MAIDEN NAME [illegible], JAE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Bronchial Pneumonia Bilateral	48 h.
471 K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mongoloid	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Petechial Rash — Generalized 12 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3, 1950, to 4-17, 1952, that I last saw the deceased alive on 4-17, 1952, and that death occurred at 9:22 p.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS 58 2nd St Oakland, Md DATE SIGNED 4 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/[illegible]/1952
NAME OF CEMETERY OR CREMATORY Thayerville Cemetery
LOCATION (City, town, or county) Thayerville, Md (State)

DATE REC'D BY LOCAL REG. 4/19/52
REGISTRAR'S SIGNATURE Julia R. Rowan Local
24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland | LENGTH OF STAY (in this place) 7 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Fayette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Uniontown
STREET ADDRESS (If rural, give location) R. D. #2 Box 256-A

3. NAME OF DECEASED (Type or Print): (First) Karl (Middle) Ray (Last) Springer
4. DATE OF DEATH: (Month) April (Day) 27, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11/22/1882
9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Taxie Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel N. Springer
14. MOTHER'S MAIDEN NAME: Margaret Huntly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 201-01-9504
17. INFORMANT AND ADDRESS: Harold S. Gleason Uniontown, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardio-vascular Disease with

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia — ?

(c)

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Apr, 1952, to 25 Apr, 1952, that I last saw the deceased alive on 25 Apr, 1952, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE: Howard Leahy (Degree or title) M D — ADDRESS: Oakland, Md — DATE SIGNED: 4/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/30/1952
NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery
LOCATION (City, town, or county) (State): West Moreland Co., Pa.

DATE REC'D BY LOCAL REG. 4/30/52
REGISTRAR'S SIGNATURE: Julia Dawson
24. FUNERAL DIRECTOR: Herbert C. Leighton — ADDRESS: Oakland, Md.

Local

VS-A45

RECEIVED
MAY 6
BUREAU V. S.

04231

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TERRA ALTA
STREET ADDRESS (If rural, give location) ROUTE # 2

3. NAME OF DECEASED (Type or Print) (First) MELVIN (Middle) ASA (Last) SYPOLT
4. DATE OF DEATH (Month) APRIL (Day) 2, (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 12/13/1932
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIMBERMAN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME SYPOLT, ASA
14. MOTHER'S MAIDEN NAME TEETS, BEULAH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr & Mrs. Asa Sypolt, R # 2, Terra Alta, W.V.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Nephrosis — INTERVAL BETWEEN ONSET AND DEATH 17 yrs

591X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 2 April, 1952, that I last saw the deceased alive on 1 April, 1952, and that death occurred at 4:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John B. Harley, M.D. ADDRESS Terra Alta, W. Va DATE SIGNED 2 april 52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 4/5/52 NAME OF CEMETERY OR CREMATORY Terra Alta LOCATION (City, town, or county) Terra Alta. W.Va (State)

DATE REC'D BY LOCAL REG. 4/5/52 REGISTRAR'S SIGNATURE Julia A Rowan
24. FUNERAL DIRECTOR R Allison ADDRESS Terra Alta W.Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.A. 41

RECEIVED
MAY, 27 1952
BUREAU V. S.

Item 9 FilmC142 5/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

014232

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY GARRETT, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND, LENGTH OF STAY (in this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST, VA. COUNTY GRANT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BAYARD, STREET ADDRESS (If rural, give location) SPRUCE

3. NAME OF DECEASED (Type or Print): (First) MYRTLE (Middle) (Last) WALLWORK

4. DATE OF DEATH: (Month) APRIL (Day) 23, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: FEB, 1882

9. AGE last birthday: ~~68~~ 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? A

13. FATHER'S NAME: BOWSER, ROBERT

14. MOTHER'S MAIDEN NAME: KERR, MALISSA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchio-Pneumonia — Interval Between Onset and Death: 2 Days

422.2

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 13, 1952, to Apr. 23, 1952, that I last saw the deceased alive on 23 Apr, 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
A E Mance	M D	Oakland	Md	24 Apr 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/26/52	Rose Hill Cemetery	Thomas, West Va.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/24/52	Julia A. Rawson	J. L. Duncan	Thomas, W. Va.

VS-A15

RECEIVED
APR 30 19
BUREAU V. S.